



State of New Jersey
Division of Highway Traffic Safety



Enforcement Summary Reporting Form
2008 Click It or Ticket Seat Belt Mobilization
May 19 - June 1, 2008

Police Department: _____ **County:** _____

SEAT BELT USAGE SURVEYS: (Grant Funded Agencies Only)

Total Vehicles Observed: 200 200
Percentage Using Seat Belts: Pre: _____% Post: _____%

SEAT BELT ENFORCEMENT:

Approximate Roving Patrol Hours Worked: _____

Fixed Seat Belt Checkpoints Conducted: _____

SUMMONSES ISSUED BY CATEGORY: (Totals for entire project period, overtime and non-overtime)

SEAT BELT: _____ CHILD RESTRAINT: _____
SPEEDING: _____ DWI/DUI: _____
FELONY ARRESTS: _____ STOLEN VEHICLES: _____
FUGITIVES APPREHENDED: _____ DRUG ARRESTS: _____
SUSPENDED LICENSE: _____ UNINSURED DRIVER: _____
RECKLESS DRIVER: _____ OTHER SUMMONSES (MOVING AND NON-MOVING): _____

PUBLIC AWARENESS/INFORMATION ACTIVITIES:

PRESS RELEASE ISSUED? _____
MUNICIPAL RESOLUTION ADOPTED? _____

OFFICER COMPLETING REPORT: _____ **PHONE #:** _____
Signature

******Please submit this form to NJDHTS by June 13, 2008******

Please fax or mail the completed form to:
NJ Division of Highway Traffic Safety
Attn: Region Supervisor
140 East Front Street, 7th Floor
PO Box 048
Trenton, NJ 08625
Fax: (609)633-9020